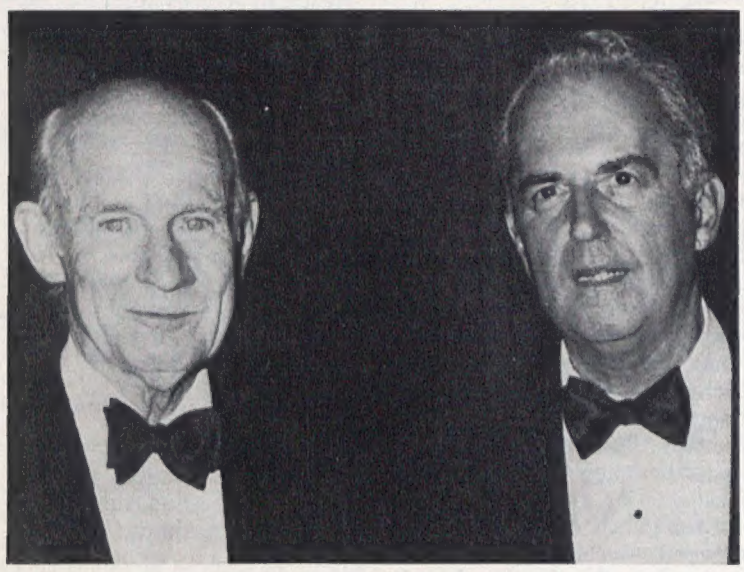
acs CLINICAL CONGRESS news

MIAMI BEACH, FLORIDA 26 60TH ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS FRIDAY, OCTOBER 25, 1974



H. WILLIAM SCOTT, JR., MD, FACS, right, from Nashville is the new ACS President-Elect. He will assume the office at next year's Clinical Congress. Charles W. McLaughlin, Jr., MD, FACS, became ACS President in Convocation ceremonies last night.

McLaughlin: The college should assume leadership position in solving MD maldistribution woes

The newly-elected President of the American College of Surgeons has called on the College to take a leadership role in the effort to solve the problem of physician maldistribution in this country.

Charles W. McLaughlin, Jr., MD, FACS, of Omaha, Nebraska, made his remarks at the College's Convocation ceremonies last night in the Miami Beach Convention Center, where 1,901 surgeons were inducted into Fellowship in the College.

Noting that the United States will face an oversupply of physicians — particularly of surgeons — within the next 10 years, Dr. McLaughlin said, "It should be evident to everyone concerned with health manpower problems that increasing the aggregate supply of doctors has not and will not solve the problems we face in distributing health services adequately and making them universally available to the people of this country".

Dr. McLaughlin discussed the proposed establishment of a Division of Surgical Practice within the College that would supply the data necessary to improve the redistribution of surgical residents among communities where these services are needed most. He observed that the United States is one of the few nations in the Western Hemisphere that does not conscript physicians for non-military purposes.

Dr. McLaughlin called for upgrading—or eliminating, if they cannot or will not be upgraded — those residency programs that do not meet accepted standards or which are unsuccessful in producing candidates who can pass the required certification examinations.

He said that more than two-thirds of the nation's surgical residenceis in non-university affiliated hospitals are held by foreign medical school graduates. Because of sometimes inadequate preparation, in some instances compounded by poor residency training programs, many of these physicians cannot pass the surgical certification exams.

Dr. McLaughlin called for an effort to avoid ". . . the spectre of the foreign medical school graduate who has taken multiple qualifying examinations and repeatedly failed. This is an economic distaster for him and a frustrating embarassment for us. It cannot be solved by the acceptance of a double standard which provides for second class medicine".

Dr. McLaughlin also suggested that the College be involved in efforts to limit the number of medical school graduates who enter surgical specialty training to the number required to meet the nation's anticipated health needs, encouraging others to enter medical specialties which have a greater manpower need. He said unless limits are set within the decade, there may be a ratio of 165 surgeons and surgical specialists per 100,000 population. At present there is a ratio of 163 physicians of all specialties per 100,000 population.

"As surgeons, we have a long tradition of leadership with respect to education, certification and quality control", Dr. McLaughlin said.

It is imperative that we again take the initiative through positive action in effecting what society now feels is much needed reform in establishing numbers, types, quality and distribution of surgical specialties, he stated.

Dr. McLaughlin suggested that in these efforts the College work in cooperation with the American Medical Association; the American surgical specialty boards which certify surgeons; the tripartite Residency Review

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H. William Scott is chosen as President-Elect of college

H. William Scott, Jr., MD, FACS, of Nashville, was chosen President-elect of the American College of Surgeons at the annual meeting of the Fellows Thursday afternoon.

Also elected were Angus D. McLachlin, MD, FACS, of London, Ontario, as first vice president-elect, and Marshall K. Bartlett, MD, FACS, of Boston, as second vice president-elect.

The officers-elect will take office at the 1975 Clinical Congress in San Francisco next October. They were nominated by the 1974 Nominating Committee of the Fellows under the chairmanship of Stanley O. Hoerr, MD, FACS, Cleveland, and elected by the Fellows during their annual meeting yesterday.

Dr. Scott is professor of surgery and head of the department at Vanderbilt University School of Medicine, Nashville. He is a 1941 graduate of Harvard Medical School and became a Fellow in 1950. He has served as a member of the ACS Board of Regents since 1972.

Dr. McLachlin is professor of surgery and head of the department at the University of Western Ontario Faculty of Medicine, London, Ontario.

Dr. Bartlett is emeritus clinical professor of surgery at Harvard Medical School.

A $1,000 CHECK has been presented by the Puerto Rico Chapter of ACS to the College's Endowment Fund. The presentation took place Wednesday evening at a reception for the approximately 75 Puerto Rican surgeons attending the Congress. E. Marino Blasini, center, chapter president, presents the check to Frank E. Stinchfield, chairman of the Board of Regents. Others, from left, are Cesar A. Toro, chapter program chairman; C. Rollins Hanlon, MD, FACS, ACS director; and Charles W. McLaughlin, Jr., who, Thursday night, became President of the College. The Puerto Rican Chapter will observe its 25th anniversary next year with a special meeting planned for that event.

William D. Holden receives 1974 ACS Distinguished Service Award

William Douglas Holden, MD, FACS, the Oliver H. Payne professor of surgery at Case Western Reserve University, Cleveland, and director of surgery at the University Hospitals of Cleveland, received the 1974 Distinguished Service Award of the American College of Surgeons yesterday.

The award was presented by Claude E. Welch, MD, FACS, of Boston, outgoing president of the College, at the annual meeting of Fellows of the College.

The Distinguished Service Award was presented to Dr. Holden in recognition of his "unflagging devotion to medical education over a quarter of a century . . . in tribute to his adherence to the highest principles of care for the patient . . . (and) in appreciation of devoted service to surgery and to the American College of Surgeons . . .".

Dr. Holden is recognized nationally for his outstanding work in the training of surgeons and the revitalization of medical education. He was active in helping plan the curriculum reform which has made Case Western Reserve a pioneer in new modes of medical education.

DR. HOLDEN

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FOURTEEN YEARS after his appointment as president-elect of the Cuban National Society of Surgery, which was extinguished in 1960, Juan C. Bolivar, MD, FACS, now of Tampa, (seated, right) was installed as president of the Cuban Society of Surgery Wednesday afternoon during the initial meeting of the recently reorganized society. Other officers pictured above include: (seated, left) Rogelio J. Barata, MD, FACS, New York City, vice-president; (standing, from left) Hilario Anido, MD, FACS, who served as president of the Cuban National Society in Havana in 1960; and Modesto M. Mora, MD, treasurer. Felipe Mencia, MD, secretary, is not pictured.

Aspirin prophylaxis against blood clotting in hip surgery

Aspirin is an effective prophylactic drug to prevent blood clots in patients undergoing hip surgery, John J. Jennings, a University of Miami orthopaedic surgeon reported.

Thromboembolic disease has proved to be a major source of morbidity and mortality to the patient undergoing hip surgery, and an ever-present cause of concern for othopaedic surgeons.

Dr. Jennings reported on 291 patients who underwent 309 major surgical procedures of the hip. Their age range was from 20 to 95 years. 251 of the operations were total hip replacements.

Upon admission, the patients were given aspirin twice daily and maintained on it throughout their hospitalization. They were observed daily for swelling and tenderness in the calf or symptoms of clots in the lung.

Four patients with fractures died. Two were examined at autopsy, and neither had evidence of thromboembolic disease. Three patients had clincal evidence of a pulmonary embolus. Fifteen had thrombophlebitis.

A total of 18 out of 291 patients had clinical evidence of thromboembolic d i s e a s e . No deaths from lung clots are reported.

ACS CONVENTION MANAGER Fred C. Spillman met with the Convention Service Committee of the Miami Beach Chamber of Commerce Wednesday to tell that group his impressions, criticisms, and suggestions concerning the recently enlarged convention center, and the outside facilities. The Clinical Congress is the "shake-down cruise" for the buildings, being the first convention held here since the expansion. Spillman's suggestions to the group ranged from the need for more directional signs and telephones to better and faster catering service. There is also a need for more and better housing. Personnel at the center were tops he added.

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Registration facts & figures

As of 5:00 pm Thursday:

Doctors	10,439
Ladies	4,531
Exhibtors	2,005
Visitors	809
Press and staff	346
Total	18,130

The ACS/Clinitape booth folded late yesterday afternoon, 'though not for lack of business. Congress participants may still pick up order blanks, however, in the Registration area, North Foyer, Convention Center.

The order forms, once completed, may be sent directly to the American College of Surgeons, 55 East Erie Street, Chicago, IL 60611.

Pill is linked to liver tumors

A link btween oral contraceptives and benign tumors of the liver which rupture and cause possible hemorrhaging was suggested yesterday by E. Truman Mays, MD, FACS, professor of surgery at the University of Kentucky, Lexington.

Reporting on what he said "appears to be a new clinical syndrome", Dr. Mays described the cases of seven young women patients, with an average age of 29, who all had taken oral contraceptives for at least five years, and who all had tumors of the liver.

Dr. Mays noted that medical reports from other parts of the world have described woman taking oral contraceptives who had "remarkably similar clinical patterns (as his patients) and benign hepatic tumors".

Although no deaths were reported among the patients in Dr. Mays' study, he said the tumors were potentially lethal. There have been five deaths reported among such patients in studies from other parts of the world, he said.

Dr. Mays said the patients had benign liver tumors, severe abdominal pain, hemorrhaging of the liver, bleeding in the peritoneal cavity around the liver, and shock.

Some had symptoms mimicking ruptured spleen, perforated duodenal ulcer, and ruptured ectopic pregnancy. Several had massive bleeding and s h o c k . Two patients had severe abdominal pain. Several were treated for what appeared to be gallbladder problems when the liver tumor was found. One of the liver tumors was found in a patient undergoing a hysterectomy.

Because of the variety and number of external symptoms of patients with this conditon, Dr. Mays suggested that when females of child-bearing age who take oral contraceptives or who have taken them present complaints similar to gallbladder inflammation, pancreatitis, t u b e pregnancy, or duodenal ulcer disease, a liver scan be added to the tests which are routinely taken. He also suggested aggressive blood volume replacement and early surgery for females taking oral contraceptives who have hypovolemic shock and removal of asyptomatic l i v e r tumors when detected in young females taking oral contraceptives.

Martin lecturer:

Ability of man to adapt to environmental changes leads to newer problems

"Impairment of function" is the usual cost of man's adaptation to the environmental changes caused by modern technology, an eminent microbiologist and environmentalist said yesterday. Presenting the annual Martin Memorial Lecture, René Dubos, PhD, of Rockefeller University, New York, said that modern technological changes go against the biological and psychological nature of the human species.

A truly adaptive response, he said, is one which unites metabolic, hormonal and m e n t a l processes to correct the effects of outside forces on the body and mind, thus reestablishing an equilibrium. He said that such responses were developed in the course of evolution to deal w i t h the environmental changes faced by primitive man. However, he said, the human body is not prepared for the "new kinds of insults created by modern technology, because there was no counterpart for most of them in the evolutionary experience of the human species".

Even when the adaptive response to technology has some protective value at the time it occurs, he said, it usually has harmful long-range consequences. As an example, he cited the overproduction of mucus in the lungs which takes place as a response to and protective mechanism a g a i n s t air pollution. Eventually, however, this surplus of mucus results in emphsema and chronic bronchitis.

Even if we could b e c o m e adapted to industrial fumes, the noises of jackhammers, or to the traumatic experiences of the rat race and competitive life, Dr. Dubos said, it would take "more than 10 generations before the genes making for adaptation to these insults become established in society as a whole".

He said that physio-chemically based environmental problems had been studied extensively because they have been important causes of disease and because methods for their control are possible. However, he said, "environmental insults of psychological character are becoming increasingly important".

Among these "insults", Dr. Dubos cited the many sudden changes in working conditions or life situations that technology brings, and the sensory deprivations associated with monotonous assembly-line jobs. Monotonous activity, he said, can generate both physiological and behavioral disorders. A good environment would have to include healthy and pleasant working conditions.

"The time has come", Dr. Dubos said, "to devote as much thought and research to the health hazards of modern technology as is devoted to engineering, design, purchase specifications, or sales policies".

Dr. D u b o s acknowledged, however, that the usual methods of medical research and practice are not well suited to this type of problem.

"In many cases the victim does not perceive the threat to which he is exposed, the epidemiologist has no simple way of detecting exposure, and the physician c a n recognize the signs and symptoms only when the pathological process is far advanced".

He said that the optimistic attitude among ecologists and pathologists that n a t u r e will somehow take its course is a "pollyanna attitude" which implies that good is the normal state of affairs. In reality, he said, "any kind of change implies danger. It is not pessimistic to believe that there cannot be any lasting security; it is simple realism". Modern man, he said, "cannot possibly take the responsibility for his own health in a complex world which he cannot apprehend and w h i c h the experts themselves do not fully understand".

Dr. Dubos suggested t h a t since man cannot successfully adapt to "injurious artificial conditions", he should protect himself from contact with these conditions and, preferably, design environments that are truly adapted to his nature.

A large part of the public, he said, has come to regard a good environment as "a natural right of man".

Because of this, he said, the environmental movement cannot be just a fad, "because history shows that there has never been a lasting retreat from the recognition of the natural right of man".

The "last picture show"

The last picture show of the Clinical Congress week is General Surgery, scheduled to begin at 8:30 am this morning in the Maine Room of the Convention Center. Presided over by Lloyd M. Nyhus, MD, FACS, Chicago, and coordinated by John R. Orndorff, MD, FACS, Park Ridge, Illinois, the session includes eight films on a wide range of operative procedures. Titles are: Treatment of Duodenal Ulcer by Parietal Cell Vagotomy without Drainage, Highly Selective Vagotomy, and Hyatid Today.

Also, Excision of Horseshoe Fistula in Ano and in a Patient with Crohn's Disease, S p l i t Thickness S k i n Grafting of Pilonidal Cysts, and Blood Component Therapy in Surgery.

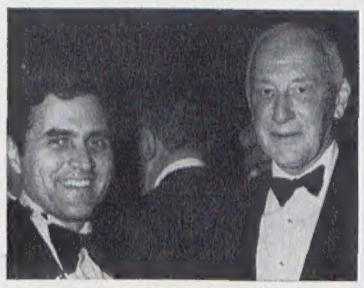
The last two films are: Pheochromocytoma of the Organ of Zuckerkandl, and Simplified Repair of Femoral and Recurrent Inguinal Hernias by a "Plug" Technique.

Substitution

John E. Jesseph, MD, FACS, Indianapolis, is replacing Bentley P. Colcock, as panelist on today's Motion Picture Exhibition.

Davis & Geck honors authors

Authors of the 1974 Ciné Clinic films shown this past week were honored at a luncheon Thursday. Dr. Jan Dluhy, president of Lederle Laboratories, presented a plaque symbolic of the award each author will receive to Robert C. Hickey, chairman of the ACS Board of Governors, and to Robert E. Condon, chairman of the ACS Committee on Medical Motion Pictures. Authors for the 1975 Ciné Clinic films, to be presented next year during the Clinical Congress in San Francisco, were introduced.



HARRISON "JACK" SCHMITT (left), the first scientist-astronaut to walk on the moon during the Apollo 17 moon shot in December 1972, was a special guest of ACS President and Mrs. Claude E. Welch at the President reception and dinner Wednesday evening. He has been a friend of the Welches since 1960 when he was a patient of Dr. Welch.

Holden

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A native of Pittsfield, Mass., Dr. Holden earned BA and MA degrees at Cornell University. He interned and spent part of his residency at the University Hospitals of Cleveland, and completed his residency at Cleveland City Hospital. He was in private practice from 1941 to 1945, joining the University Hospitals of Cleveland in 1946 as an assistant surgeon, and advancing to director of the Department of Surgery in 1950.

Dr. Holden has played an active role in the College throughout his career, particularly in the College's committees concerned with graduate education. He has also been active in many other medical organizations.

Dr. Holden is a former member of the College's Board of Governors, and has served on its Surgical Forum Committee and Graduate Education Committee. He was the College's appointee to the Conference Committee on Graduate Education, which he served as chairman for several years.

Dr. Holden is also a former chairman of the American Board of Surgery, and a former president of the American Board of Medical Specialties and American Surgical Association. He was chairman of the AMA Committee on Graduate Education, and has served on many other organizations and committees concerned with graduate education. He has also been a member of scientific review committes for the National Institutes of Health.

The text of Dr. Holden's Distinguished Service Award follows:

In recognition of unflagging devotion to medical education over a quarter century, beginning with pioneering work at Western Reserve and moving through leadership roles in the Conference Committee on Graduate Education in Surgery, the American Board of Surgery, the American Board of Medical Specialties, the Society of University Surgeons, the American Surgical Association, the Coordinating Council on Medical Education, and numerous other organizations; and

In tribute to his unswerving adherence to the highest principles of care for the patient, exemplified in his practice, his informal teaching, and his formal addresses which stress both personal and social responsibility of the physicians; and

In appreciation of devoted service to surgery and to the American College of Surgeons by his outstanding performance on the Forum Committee, the Graduate Education Committee, the Study on Surgical Services for the United States, and as a Governor of the College; manifesting in these and other areas the highest caliber of statesmanship.

PRESIDENT AND MRS. CLAUDE E. WELCH receive their guests at the President's Reception and Dinner Wednesday evening at the Fontainebleau.

Kidney maintains body's balance in stress situations

"The kidney is the 'window' through which the interior organs of the body can be observed. The kidney's response to stress can provide vital clues for successful management of the patient", Samuel R. Powers, MD, FACS, professor and chairman of the Department of Surgery at the Albany, New York Medical College of Union University, stated yesterday.

"Nature has assigned to the kidney a primary role in maintaining the integrity of the internal environment under conditions of stress", he told an attentive audience. "The manner in which the kidney responds to stress depends not only on the type and degree of stress, but also on the state of the total organism at the time the stress occurs. If the kidney works well, chances are the other internal organs are also functioning properly".

"The renal response to a fractured femur is quite different when the patient is an elderly lady in a nursing home who is just recovering from pneumonia and has been ingesting little food or water for the previous week — compared to a young, healthy adult who has been drinking beer in the local bar and has just consumer a large barrel of salted pretzels".

Dr. Powers, speaking at a segment of Postgraduate Course #1 titled "The Sea Within Us", said the requirement of the body is so great that 99 percent of the 100 liters of fluid filtered by the kidney in 24 hours is reabsorbed, leaving a net of one liter of urine volume.

"Renal failure is recognized when the response of the kidney is inappropriate to the overall state of the intrenal environment", said Dr. Powers. "A low urine volume in the face of clinical water overload is inappropriate. It would be equally inappropriate to have a high urine volume in the face of clinical dehydration".

McLaughlin

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Committees; and the Association of American Medical Colleges.

Dr. McLaughlin also spoke to the College's consideration of a Department of Education with a full-time director in charge, to consolidate and expand its programs of continuing education for both general surgeons and surgical specialists.

He said the nation's surgeons must address themselves to some of the criticism that is being leveled at American medicine. He admitted that there was unnecessary surgery being performed, and some of it was being done by incompetent or inadequately trained practitioners.

"Our response, as members of this College, must be as it has always been: to recognize honest criticism when correct and then, as surgeons, take prompt and forceful remedial action through our organization", he concluded.

"What's new in surgery" in eleven surgical specialties

Research findings presented during the past week will be summarized in the Mississippi Room of the Convention Center at 9:00 this morning.

James C. Thompson, MD, FACS, Galveston, will preside while 11 surgeons, distinguished in their fields, discuss many of the surgical advances that were formally presented earlier this week. The surgeons and their topics are: Samuel R. Powers, MD, FACS, Albany, Shock and Metabolism; Bryon J. Bailey, MD, FACS, Galveston, Otorhinolaryngology; Dwight C. McGoon, MD, FACS, Rochester, Minn., Cardio-thoracic Surgery; David W. Robinson, MD, FACS, Kansas City, Ka., Plastic Surgery; Russel H. Patterson, MD, FACS, New York City, Neurologic Surgery; Seymour L. Schwartz, MD, FACS, Rochester, NY, Gastrointestinal Biliary Conditions; William F. Donaldson, MD, FACS, Pittsburgh; Orthopaedic Surgery; Richard L. Simmons, MD, FACS, Minneapolis, Tumors; Birdwell Finlayson, MD, FACS, Gainesville, Urology; James H. Nelson, Jr., MD, FACS, Brooklyn, Gynecology and Obstetrics; and Anthony P. Monaco, MD, FACS, Boston, Transplantation.

Selective proximal vagotomy reduces production of acids

Selective proximal vagotomy (SPV) has been performed in more than 400 patients with duodenal and stomach ulcer, perforations, and life-threatening bleedings at Nacka Hospital in Sweden by Sture Hedenstedt, MD, with "very good" clinical results. The operation severs the vagus nerves but preserves the pylorus.

Dr. Hedenstedt reported yesterday that SPV reduces acid induced by gastrin, a hormone, by about 75 percent in one or two months and acid stimulated by insulin, by about 90 percent. However, after one year, an increase in insulin-stimulated acid occurs. The emptying of the stomach after complete SPV is significantly faster than in normal persons.

The relapse frequency in patients is low after 6 years in spite of the increased acid secretion, said Dr. Hedenstedt. The reason for the increase is not known. SPV has no mortality in itself and affords an uncomplicated postoperative course..

While considerable research efforts have been directed toward identifying viruses that cause cancer, little attention has been directed to a possible role for viruses in cancer treatment.

However, in a paper presented earlier this week, a Chicago surgeon reported that adenovirus type 2, the cause of respiratory infections in man, has been found to retard the growth of melanoma, a brown pigment cancer, in hamsters.

Ali A. El-Domeiri, MD, FRCS, chairman of surgical oncology at Cook County Hospital,said that, "Since it was found that adenovirus type 2 kills hamster melanoma cells in tissue culture, the same virus was used in living animals to evaluate its effect on melanoma transplants. Injection of the virus at the site of tumor innoculation produced significant reduction in tumor incidence".

"Further investigations are contemplated to study the effect of delayed injection of virus in the same model, and to define the precise mechanism of action involved", Dr. El-Domeiri said.

Catheters out, fluoroscopes in

A bedside system of determining how well the heart is contracting in a critically ill postoperative patient, without inserting catheters in heart and blood vessels, was described yesterday by Sidney Levitsky, MD, FACS, associate professor of surgery and chief, University Section, Division of Cardiovascular and Thoracic Surgery at the Abraham Lincoln School of Medicine, University of Illinois.

The system consists of a portable fluoroscope machine with a videotape recorder and a television screen. Superimposed on the television is a heart tracker, which indicates on the screen the motions of the heart.

The system tracks and records the changes in the horizontal motion of the border of the heart muscle. The portable fluoroscope, with an image intensifier placed at the bedside, provides a picture that is recorded on tape and later electronically analyzed for heart motion. With the use of a computer, the results of these studies were instantaneously displayed.

GETTING THE RIGHT FIT are these Initiates who selected the caps and gowns they wore for the Convocation last night. A total of 1,901 surgeons were initiated into Fellowship during the ceremony.

Honorary Fellowship in ACS conferred upon five surgeons

HONORARY FELLOWSHIPS in the American College of Surgeons were presented during Convocation ceremonies last night to five distinguished surgeons from five different countries: The Republic of South Africa, England, The USSR, Australia, and Japan.

In photo 1, Honorary Fellow D. J. Du Plessis, MB, ChB, FRCS(Eng), head of the Department of Surgery at the University of Witwatersand, Johannesburg, South Africa, was presented by William P. Longmire, Jr., MD, FACS, of Los Angeles.

In the second photo, J. C. Goligher, MB, ChB, FRCS(Eng,Ed), professor and chairman of the Department of Surgery at the University of Leeds, and past president of the Association of Surgeons of Great Britain and Ireland, was presented by Lloyd M. Nyhus, MD, FACS, of Chicago.

In photo 3, Boris V. Petrovsky, MD, FRCS(Eng,I)(Hon), Minister of Health of the the USSR director of the Clinic of Hospital Surgery at the First Moscow Medical Institute, was presented by Robert M. Zollinger, MD, FRCS(Eng)(Hon), FRCS, of Columbus, Ohio.

In photo 4, Sir Benjamin K. Rank, MB, BS, FRCS(C)(Hon), FRCS(Eng), FRACS, FACS. of Melbourne, Chief of Reparative Surgery at the Peter MacCallum Clinic, past president of the Royal Australasian College of Surgeons, was presented by Joseph E. Murray, MD, FACS, of Boston.

The fifth surgeon, Professor Shigeru Sakakibara, MD, PhD, of Tokyo, vice-president of the National Tsukuba University, former director of Tokyo Women's Medical College and former director of the Heart Institute of Japan, was presented by William H. Muller, Jr., MD, FACS, of Charlottesville, Va.

The complete texts of the five Honorary Fellow presentations will be published in the December issue of the **Bulletin of the American College of Surgeons.**

Insulin-producing islet tissue helps cut harmful blood vessel damage

Diabetic rats who have been made free of symptoms by transplanted insulin-producing cells are not developing the harmful blood vessel changes seen in uncontrolled diabetic animals, two investigators from the Lahey Clinic Foundation, and Tufts University Medical School, Boston, said in a report presented yesterday.

"The studies indicate that the death-dealing blood vessel changes of diabetes can be prevented by early transplantation of insulin-producing islet tissue", said Bruce N. Gray, MD, FRACS, and Elton Watkins, Jr., MD, FACS.

The investigators currently are trying to determine whether or not the blood vessel changes, once developed in diabetic animals, can be arrested or reversed by a delayed transplant of insulin-producing islet tissue.

They pointed out that the work has been confined to experimental animals and is not ready for application in patients with diabetes. Transplantation of islet cells has not yet been successful in humans.

However, the Boston workers have demonstrated the ability of islet cells to survive when transplanted to animals of the same strain or of different strains when mild doses of drugs are given to suppress transplant rejections. This simulates the conditions that would prevail when a human patient is transplanted with islet tissues taken from a donor unrelated to the patient.

Transplantation in animals was carried out by isolating fragments of the insulin-producing tissue of the pancreatic gland, known as the islets of Langerhans, from a group of normal animals. The islet tissue was then injected with a hyperdermic into the liver circulation of rats that had been made diabetic two weeks prior to injection. The sugar abnormalities of diabetes were immediately reversed, and the animals once more appeared normal.

At the end of 11 months, the transplantation group had not developed the blood vessel changes found in a control group of diabetic animals that had not received transplantation of pancreatic islets.

This late finding in the prevention of blood vessel change in early transplantation leads to the eventual possibility of transplanting islets in human patients, and will be important for children and young people suffering from the juvenile form of diabetes, which brings the risk of early death from crippling blood vessel changes, despite good insulin control of sugar in the blood and urine.

DR. DU PLESSIS

DR. GOLIGHER

DR. PETROVSKY

SIR BENJAMIN

Reversed gastric tube operation works for esophageal replacement

An operation to replace the esophagus with part of the stomach is proving successful even for those patients for whom all other methods of esophageal replacement have failed, a Cincinnati surgeon reported this week.

The operation involves dividing the stomach longitudinally into two tubes by means of a stapler. The narrower tube, still remaining connected to the upper end of the stomach, is rotated upward, brought to the neck, and joined to the pharynx or the stub of the former esophagus. The new esophagus is fashioned into a tube one inch in diameter and 12 inches long, the size of the normal esophagus. Eighty percent of the stomach remains in its normal positon in the abdomen.

Henry J. Heimlich, MD, FACS, director of surgery at the Jewish Hospital, Cincinnati, and physican-in-chief at its Esophagus Center, described the procedure, which is called the reversed gastric tube, or RGT operation. He said that RGT and large intestine transplants are the two most commonly used techniques for replacing the esophagus.

"We prefer the RGT operation, and in a period of 20 years have been able to replace the esophagus in 67 patients", he said. "It provides a physiological method because there is no intestinal organ interposed between the stomach and the esophagus". Transplanted intestimes are susceptible to damage from stomach secretions when joined to the stomach, he said.

Many of the 67 patients, who ranged in age from two years to 66, were referred because other types of operations had failed. Nine had had esophagal replacement which failed. Of these patients, six had a colon segment transplanted to serve as the esophagus, one had had an esophagus made of Teflon, and the other two, an esophagus made of tissue of the small intestines.

Among the patients was a 13 year old girl who had had an increasing inabilty to swallow for five years, due to a strictured esophagus. She had undergone three major operations in three years, including an unsuccessful attempt to replace the esophagus with a large intestine transplant. Within two weeks of the RGT surgery, she was able to eat all foods in a normal manner. Six of the other patients were also eating a normal diet when discharged from the hospital, and continue to do so. One patient had complications from previous surgery, and the ninth died seven months after surgery, due to complications from a previous condition.

Surgical Forum

Although all Postgraduate Course manuals have been sold, copies of *Surgical Forum, Volume XXV*, containing proceedings of the 30th session of the Forum on Fundamental Surgical Problems, are still available for purchase in the registration area of the Miami Beach Convention Center. The volume contains the complete texts for virtually all of the papers whose titles and authors are listed in the official Clinical Congress program. The cost is $6 per copy.

Bedside

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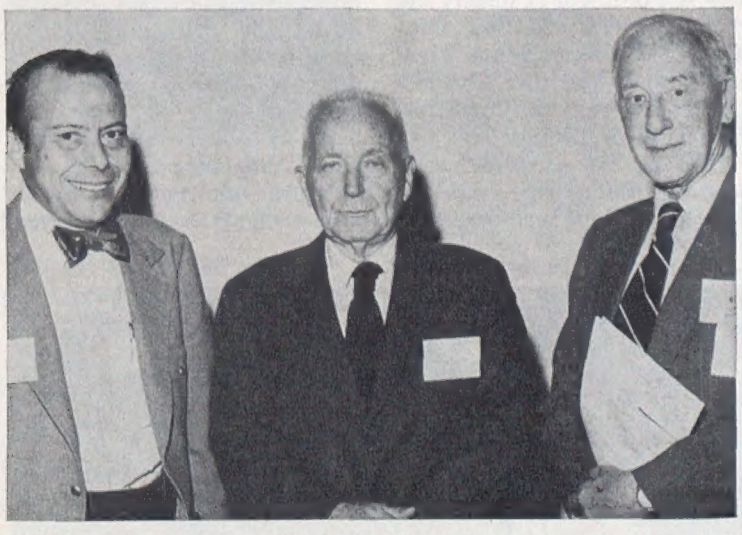
at the bedside in a series of patients who underwent heart surgery.

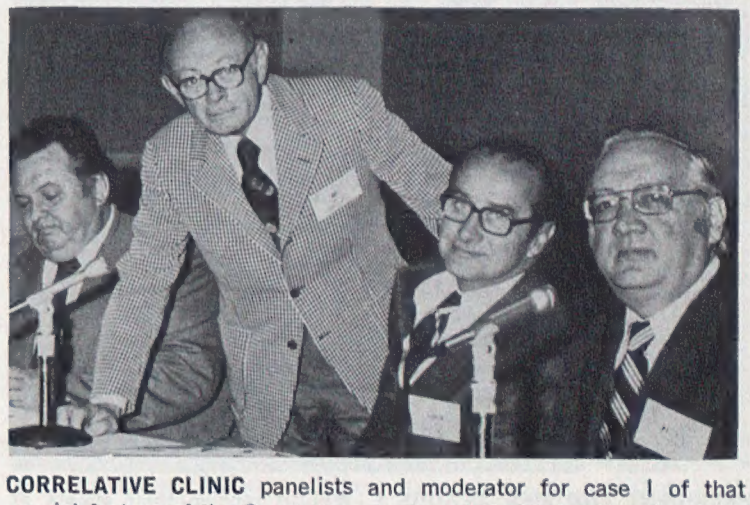
The heart tracking system may be a useful technique for monitoring heart function without the need for injecting dyes or radio-opaque materials through indwelling catheters, which increase the patient's discomfort and are sometimes associated with dangerous untoward reactions, said Dr. Levitsky.



CHARLES B. HUGGINS, MD, FACS(Hon), center, presented the I. S. Ravdin Lecture in the Basic Sciences Wednesday afternoon. The Nobel Laureate was introduced by Robert Zeppa, MD, FACS, left, and ACS-outgoing President Claude E. Welch presided over the event. The title of Dr. Huggins' presentation was the "Transformation of Fibroblasts."

The College's program committee and staff would be interested in receiving comments concerning this Clinical Congress, pro and con.

Have a safe and pleasant journey home.



CORRELATIVE CLINIC panelists and moderator for case I of that special feature of the Congress were, from left, Gordon Hennigar, MD; Curtis P. Artz, MD, FACS, moderator; Paul H. O'Brien, MD, GACS; and Keene Wallace, MD. Case I was "The 'Lump' in the Groin".